Lynchburg College  
SGA Senate Budget Committee  
Supplemental Funding Request Form

Please fill out this form entirely and submit to the Office of Student Activities located on the terrace level of Hundley Hall. Supplemental requests are heard the first Wednesday of each month. Forms need to be received by the last Friday of the previous month to be heard. Each organization is permitted ONE supplemental request per semester. The S.G.A. vice-president will contact the organization for a meeting time.

Organization: ____________________________
Purpose of requesting funding outside SGA budget allocation process held in fall and/or spring semester: ________________________________________
______________________________________________________________________________
______________________________________________________________________________

Person Completing Form: ____________________________
Contact Information: (phone) ____________________________ (email) ____________________________

I. Event/Activity Title: ____________________________
Purpose of Event/Activity: ____________________________

Expected # of participants: ____________
Date of Event: _________________
Location of event: ____________________________

Cost Breakdown  
CATEGORY (Section III.D1-12 see attached)  
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
TOTAL COST  
TOTAL REQUEST FROM SGA

II. Event/Activity Title: ____________________________
Purpose of Event/Activity: ____________________________

Expected # of participants: ____________
Date of Event: _________________
Location of event: ____________________________

Cost Breakdown  
CATEGORY (Section III.D1-12 see attached)  
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
TOTAL COST  
TOTAL REQUEST FROM SGA
I, the listed President of the Organization on this form, hereby agree to all the rules and regulations set forth by SGA and understand that by signing this, I have read and understand the rules:

___________________________________________    _____________________
Signature of President        Date

PRINT NAME

I, the listed Treasurer of the Organization on this form, hereby agree to all the rules and regulations set forth by SGA and understand that by signing this, I have read and understand the rules:

___________________________________________    _____________________
Signature of Treasurer        Date

PRINT NAME

I, the Advisor of the organization on this form, have met with the officers to review the budget request and understand that is the responsibility of the organization president and treasurer to abide by the rules and regulations set forth by the SGA.

___________________________________________    _____________________
Signature of Advisor        Date

PRINT NAME

PLEASE NOTE:
1. _____ Have you included all supporting documentation for your requests (room and media requests, catering/dining services, invoices/estimated cost information, etc.)?
2. _____ Do you have the appropriate signatures completed on the form?
3. _____ Did you utilize the appropriate categories provided for your cost breakdown – Section III.D1-12 of budget packet?
4. _____ Do you have any categories listed that are not funded by SGA and/or are not appropriate categories – Section III.E 1-14 of budget packet?
5. _____ Did you make a copy of your request for your records?
6. _____ Did you make copies of your supporting documentation and provide the originals to Ms. Deborah Brown for processing?

-----------------------------------------------------------------------------------------------------------------------------------------
FOR SGA USE ONLY
□ Budget Approved    Total $_______________
□ Budget Not Approved:    Total $_______________
Stipulations:
1. ________________________________________________
2. ________________________________________________
3. ________________________________________________
□ Budget Partially Approved:    Total $_______________
Stipulations:
1. ________________________________________________
2. ________________________________________________
3. ________________________________________________

___________________________________________    _____________________
Signature of SGA Vice President        Date

___________________________________________    _____________________
Signature of SGA Treasurer        Date